Approved for our through TO 1/3003, CMB 6861-600/ U.S. Petert and Tredomen Office; U.S. DZPARTWZNT OF COMMERCE

	4511 R9	41. Mbb	WCAN Sub	ON FEE	(30)	TERMINAT	HOR	RECOR	₹D		1.3	A. A.	coppos or copp	C) Nur	ntrol aum	
	APP	LICATIO					inectr	va Docemb) 07 0, 7	2000		0 1	218.2	285		
-	-	7 "	ION AS FILED - (Column I)		(Column 2)		-	SMALL ENTITY				OR	R OTHER		HAN	
BASIC FEE	. Mn	HUMBER FILED		NUMBER EXTRA			PATE (1)		CIE C AC		٠			A1111		
197 CFR 1.18(0), (b), or (c)) SEARCH FEE			NA		N/A"			N/A		150.00			RATE (8)		FEE (8)	
(37 CFR 1 16(W, (1), CF (M)) EXAMINATION FEE		ļ	· N/A			N/A.		N/A	\$250				N/A	-	00.00	
(3) CFR 1.16(0), (p), cs (q)) VOYAL CLASMS		N/A		AVA 1		N/A	•	NA		\$100			NA		\$500	
(D) OFR 1.18(1)) INDEPENDENT CLAIMS		minus 2		3 20 a				X\$ 25 .					AGEW		200	
(37 CFR 1.16(h))		minus 3 e			•			X100 .			· c	ere	X200	-		
APPLICATION 5IZE FEE (37 CFR 1.16(s)) If the specification and sheets of paper, the age is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G):					ation e ty) for tion th 37 CF	size fee due reach				:			7400			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))								+180=					♦360 =	+		
If the difference in column 1 is less than zero, enter ${\mathfrak V}'$ in column 2.						2. :	_	TOTAL				II.	TOTAL	+-		
, , ,	PPLICAT	10N AS	AMEN	PAI	RFII		e				-J		TOTAL	لخ		
	-	umn 1)		(Columi	n 2)	(Column 3)	•		CALT		. OI	₹ .	ОТНЕ	, , i R TH	 A A I	
X alak	REN	CLAIMS HIGHEST NUMBER				PRESENT				ENTITY		_	SMALL		ΤΥ	
2 4 06 Total	AME	FTER NOMENT		PREVIOUSLY PAID FOR	SLY	EXTRA		RATE (\$)	T	ADDI- KONAL			RATE (\$)		ADDI- KONAL	
Di Cra 1.16		ς '	Minus	20	2	* Ø	3	(\$ 25 · .	1	EE (\$)	OR	1	(\$50	F	EE (8)	
Application				3		100		K100 _		1	OR	-	(500	<u> </u>	+	
) On				-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								180=			OR		∙360=	•	+	
								OTAL DD'L FEE			OR	TOTAL ADD'L FEE			+	
	(Colu	mn 1) UMS		(Column	2)	(Column 3)	•	•					borree [+	
Total	REMA AUT AMENI	UNING TER		HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA		EATE (\$)	TIO	DOI- NAL		RATE (\$)			DDI-	
07 CFR 1.10(1)	·		Minus.	**	_	<u> </u>	Y	\$ 25 .	FEE	(8)					HAL .	
D7 CFR 1.100)		. 1		***	-		-	100			OR .		§50 · .			
Application Size Fee (37 CFR 1.16(s))								.00 "			OR	X	200			
FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180)											-	360	·		
							لنحص	180=			OR		360=		-	
If the entry in	column 1 ls	lass than t	he entry fr	Ireolumn 2 w	vile "	" In polyma 4	ADI	D'L FEE			OR '	OT:	TAL D'L FEE			
"I the "Highes" I the Highest	Number Pr	eviously Pa	ald For In Id For In	THIS SPACE	Els le	ss than 20, on ss than 3, onto	ler 20						الم	·		

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3°.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 97 CFR 1.16. The information is required to obtain or retain a bangit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the information of the USPTO. Time will very depending upon the infollulation complete in the amount of time you require to complete inis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES CR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.